

12 EPSDT-SS SAR Allowing County Approval

Example of an EPSDT-SS SAR for services/items that county staff may approve locally

There are many different components to SARs. This example illustrates how to enter a SAR that:

- Is an EPSDT-SS SAR
- Does not require state approval

12.1 Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.

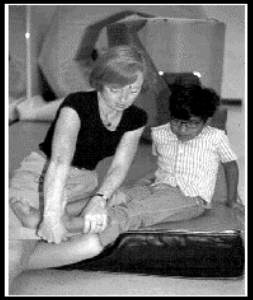
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Children's Medical Services

Caring for Children with Special Medical Needs...

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Welcome To CMS NET...

Good evening LAVORRA! You last signed on today at 17:46.

2. Enter search criteria in the “By Client” area.
3. Click the “Search” button.

Notes

Search by Client, by Provider or by SAR data. These sections are mutually exclusive.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search - Service Authorization

BY CLIENT

CCS Number: Client Name:

Date of Birth: Gender:

Client Index Number: Legal County:

SSN:

BY PROVIDER

☐ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name: Provider ID:

Service Begin Date: Service End Date:

SAR Status:

BY SAR NUMBER

SAR Number:

4. Click the “Select” radio button for the desired client. If an exact match is found, the option button will be pre-selected.
5. Then click the “Add SAR” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Search Results - List of Clients

Select	CCS Number	Client Name	DOB	Gender	CIN	County	Reg	Med	F/R	Pgrm End Date	CCS Elig
<input checked="" type="radio"/>	3287596	TEST, CLIENT A	10/26/1998	FEMALE	90151275D6	33	ACT	E	E	04/30/2005	9K CCS

Found 1-1 out of 1 Matching Records

12.2 Select the Provider for the SAR

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

Search - Providers

Required fields are marked in *

SEARCH PROVIDER

Search Category * ☒ Hospital / Medical Provider ☐ Special Care Centers ☐ Dental Provider

Provider Name Provider ID

Specialty/Allied Health

Special Care Center Type

County

Provider Type

In this example, search for the provider by Provider Number.

4. Click on the link (blue underlined name of your selection).
- OR
5. You may enter the provider information manually in the grayed section in order to enter a PENDING SAR to print as an attachment to the EPS provider application. Note: If the provider is manually entered, you will not be allowed to AUTHORIZE the SAR.
6. Click the “Continue” button.

Authorization | **Provider** | Formulary | Procedure Code | Administration | Reports

List of Providers

Provider Name	Provider ID	Status	Service Address	County	Paneled
<u>GENTIVA HEALTH SERVICES</u>	HHA07168F	Active	2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214	Sacramento	

1 out of 1 Matching Records

Provider Name *

Address 1 *

City *

State *

☒ Medical / Hospital ☐ Special Care Centers ☐ Dental

Address 2

County *

Zip *



SARs cannot be issued to group providers, such as Group Certified Family/ Pediatric Nurse Practitioners, Physicians Groups, Speech Therapy Groups, Group Optometrists, Medicare Crossover Provider Only, and Group Respiratory Care Practitioners. You must authorize the provider’s individual or (rendering) provider ID number.

12.3 Enter SAR Information

1. Enter SAR Information.
2. Click the “Add Services” button to search for service codes.

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION					
Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
Date of Birth:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

PROVIDER INFORMATION	
Provider Name:	GENTIVA HEALTH SERVICES
Address:	2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214
Provider Number:	HHA07168F
County:	Sacramento

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPSDT-SS	Category
CCS SS	
Primary Diagnosis *	
Secondary Diagnosis	

SERVICE CODE INFORMATION							
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units

SPECIAL INSTRUCTIONS	

Add Services **Submit** **Undo**

Notes

The following EPSDT-SS items/services **DO NOT REQUIRE** State Approval:

Vendored Physical Therapy
Vendored Occupational Therapy

Non-Benefit Hearing Aid Batteries

Automobile Orthopedic Positioning Devices AOPD

Incontinent Supplies for Children Under Five

Special Care Center Services

Skilled Nursing Services authorized by CCS on behalf of IHO

Annual Cochlear Implant Follow-up Services

This is an EPSDT-SS SAR, this checkbox needs to be checked.

Client must have:
Medi-Cal Full Scope with NO Share of Cost.



The item/service selected from the *Category* drop down will determine if the SAR will require State Approval or may be authorized locally at the county. Please be careful with your selection.

12.4 Search for Services for Procedure Code

1. Select the radio button for the appropriate service code: procedure code, service grouping, drugs requiring specific authorization, and medical supplies.
2. Enter search criteria for one of the following: procedure code, service grouping, drugs requiring specific authorization, or medical supplies.
3. Click the “Search” button.

Notes

In this example, we will associate a procedure code for Skilled Nursing Services authorized on behalf of IHO.

1.

Provider | Formulary | Procedure Code | Administration | Reports

Service Code

PROCEDURE CODE

Service Code: Z5832 2.

Description:

SERVICE GROUPING

Service Group:

Description:

DRUGS REQUIRING SPECIFIC AUTHORIZATION

NDC:

Generic Drug Name:

Label Drug Name:

MEDICAL SUPPLIES

Medical Supply Code:

Generic Name:

Label Name:

Search Clear

Search Tips:



Searching by a “Code” will return matches that *start with* whatever you type in that field.

Example for Service Code Field: “330”

Returns many matches among others: 33010 – Drainage of Heart Sac, 33011 – Repeat Drainage of Heart Sac, 33015 – Incision of Heart Sac



Searching by a “description,” returns matches that *contain* whatever you type in that field.

Example for Procedure Code Description Field: “Office Visit”

Returns many matches including: “Office Visit, New, Brief,” “Office Visit Limited,” and “PostPartum Follow-Up Office Visit.”

12.5 Select Services for Procedure Code

Notes

1. Check the appropriate service(s) for the SAR. If an exact match is found, the check box will be pre-selected.
2. Click the “Continue” button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports
Search - Select Services

Select	Service Code	Type	Service Description
<input checked="" type="checkbox"/>	Z5832	1	EPSDT REGISTERED NURSE (HHA)

Found 1-1 out of 1 Matching Records



Field descriptions are provided in CMS Net Web Online Help.

12.6 Specify Service Code Information

- For each service code that appears on the SAR:
 - Check the “Remove” indicator if it was entered erroneously.
 - Select a Modifier for the Service Code (rental or purchase) if appropriate.
 - Enter Units. Required entry: The total number of times a procedure or service is requested.
 - Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
 - NO AMOUNT should be entered for items with a price on file.
 - Click the “**Submit**” button to save the SAR. The status of the SAR will be “Pending.” The user will be taken to the Narrative.

Enter SAR

CLIENT A TEST, 3287596

Required fields are marked in *

CLIENT INFORMATION

Client Name: CLIENT A TEST	F/R Elig: ELIGIBLE	Reg Status: ACTIVE
CCS Number: 3287596	Med Elig Status: ELIGIBLE	Application Status: NO ACTION
Date of Birth: 10/26/1998	Diagnostic Only: NO	PSA Status: NOT REQUIRED
CIN: 90151275D6	CCS Elig Status: 9K CCS	Program Begin Date: 05/01/2004
Gender: FEMALE	County: RIVERSIDE	Program End Date: 04/30/2005

PROVIDER INFORMATION

Provider Name: GENTIVA HEALTH SERVICES	Provider Number: HHA07168F
Address: 2020 HURLEY WAY, STE 490, SACRAMENTO, CA, 95825-3214	County: Sacramento

SAR INFORMATION

SAR Number: [] SAR Status: []

Service Begin Date: Jul 1 2004 Service End Date: Dec 31 2004

Service Request Date: Jul 1 2004 Number of Days: []

EPSDT-SS: ☒ Category: Skilled Nursing Services authorized by CCS on behalf of IHO

CCS SS: ☐

Primary Diagnosis: 359.0 CONGENITAL HEREDITARY MUSCULAR DY **find**

Secondary Diagnosis: [] **find**

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	Z5832	NU RP RR	1		EPSDT REGISTERED NURSE (HHA)		960		

SPECIAL INSTRUCTIONS

Authorized to provide 960 hours of Skilled Nursing.
40 hours per week for 24 weeks.

Add Service **Submit** **Undo**

Notes

An example where 960 hours of Skilled Nursing Visits are being authorized.

Enter Special Instructions listing all services/items authorized.

The following **MUST** be entered on every EPSDT-SS SAR:

“EPSDT-SS: Provider must submit claims for EPSDT-SS on a separate claim from from any other medical benefit item/service. Include pricing attachment, if appropriate”

If appropriate enter:

“A copy of the authorized SAR must be submitted with the claim to EDS”

12.7 Click “Submit” to Complete SAR Entry

Notes

1. Perform one of the following actions:

- The SAR number will begin with a pre-fix of ‘91’ indicating EPSDT-SS SAR and the status of the SAR will be “Pending.” The user will be taken to the Narrative.
- This SAR may be authorized just like any other, please refer to the Authorize SAR Physician/Allied Health section of the CMS Net Web Manual.

Narrative

CLIENT A TEST, 3287596

PENDING, SAR ID 91000051430

CLIENT INFORMATION

Client Name:	CLIENT A TEST	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3287596	Med Elig Status:	ELIGIBLE	Application Status:	NO ACTION
DOB:	10/26/1998	Diagnostic Only:	NO	PSA Status:	NOT REQUIRED
CIN:	90151275D6	CCS Elig Status:	9K CCS	Program Begin Date:	05/01/2004
Gender:	FEMALE	County:	RIVERSIDE	Program End Date:	04/30/2005

NARRATIVE INFORMATION

Narrative Date: 12/31/2004
General Topic: Service Authorization #91000051430, Status: Pending
User: MCCARLEY, TRACI
Provider: GENTIVA HEALTH SERVICES
Service Period: 07/01/2004 thru 12/31/2004
Provider Type: HOME HEALTH AGENCIES
Distribution:

ADDITIONAL INFORMATION

Service Code	Type	Modifier	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
Z5832	1			EPSDT REGISTERED NURSE (HHA)		960		

NARRATIVE TEXT

960 hours of Skilled Nursing Services Authorized on Behalf of IHO. 40 hours per week for 24 weeks.